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			Substitut	e for Form PTC	-875					0/003	200
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR	NUMBE	NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC	FEE R 1.16(a))							s	OR		s
TOTAL CLAIMS			minus 20				x \$=		OR	x s=	
(37 CFR 1.16(c)) INDEPENDENT CLAIMS		s	minus 3				x \$ _=		OR	x \$=	,
<u> </u>	R 1.16(b))								OR	+ 5 =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							<u>+ \$=</u>	 	1	70711	
• If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL											
	CL	AIMS AS AME	ENDED -	- PART II							
21	1-1-			(Column 2)	(Column 2) (Column 3)		SMALL ENTITY		OR		R THAN ENTITY
9	10/05	(Column 1) CLAIMS		HIGHEST		Ì			1		ADDI-
0	(NE)	REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL	l	RATE	TIONAL FEE
AMENDMENT		AMENDMENT	Minus	PAID FOR	=			FEE	1	 	, rec
ĕ.	Total (37 CFR 1.16(c))	71		<u> 41</u>			x \$=		OR	× 5 =	
	Independent (37 CFR 1.16(b))	<u> </u>	Minus		<u> </u>	ļ	x s=		OR	x s=	
¥	FIRST PRESENTA	ATION OF MULTIPLE	E DEPENDE	NT CLAIM (37 CF	R 1.16(d))		+ \$=		OR	+ \$=	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1) CLAIMS	1	(Column 2) HIGHEST	(Column 3)	1			7	RATE	ADDI-
		REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA	l	RATE	ADDI- TIONAL		RAIL	TIONAL
		AMENDMENT	10	PAID FOR	 	ł		FEE	┥		FEE
Ž	Total (37 CFR 1.16(c))	•	Minus			4	x \$=	ļ	OR	x \$=	
AMENDMENTO	Independent (37 CFR 1.16(b))	•	Minus	***	<u> </u>]	x \$=	ļ	OR	x s=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=		OR	+ \$=	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
							7,002.20		-		
(Column 1) (Column 2) (Column 3)						7			7		ADDI-
0	: !	CLAIMS REMAINING		NUMBER PREVIOUSLY	PRESENT EXTRA	١	RATE	ADDI- TIONAL	ļ	RATE	TIONAL
z		AFTER AMENDMENT	<u> </u>	PAID FOR		1	<u> </u>	FEE	-		FEE
ΜĚ	Total (37 CFR 1.16(c))	•	Minus	·•]=		x s=	_	OR	x \$=	
AMENDMENT	independent (37 CFR 1.16(b))	•	Minus	***	=		x s=		OR	x \$=	
\A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+s =		OR	+ \$=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (57 S.H. 1.100))							TOTAL		OR	TOTAL ADD'L FEE	
1		column 1 is less th	an the ent	rv in column 2 wi	rite "0" in colum	n 3	ADD'L FEE	<u> </u>	→ ፟	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	** If the "Highest	Number Previous	ly Paid Fol	IN THIS SPACE	is less than 2	~~	tor "3"				
١.	" If the "Highest	Number Previous Number Previous Jumber Previously	ly Paid For Paid For	Total or Indepen	dent) is the high	hee	t number found	in the approp	riate box in	column 1.	file (and by th

The "Highest Number Previously Paid For" (Total or Independent) is the highest number round in the appropriate box in Country 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, use 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.